D. CITY III outside corporate limits, write RURAL and give Control of Control			THE DIV	/ISION OF HE	ALTH OF MISSO	<b>XURI</b>			~ MO	
SIRPLE SEP 17 1957   REG. DIST. NO. 318   PRIMARY REG. DIST. NO. 1003   Register's No. 5166			STANDA	ARD CERTIF	ICATE OF DE	ATH	State	Filc No. 34	UVY	
b. COUNTY  b. CITY Ut causable corporate limite, while RUBAL and give towards of the county of the c	BIRTELED SEP	171957	REG. DIST.	NO318_		. NO	103 Regist	17ar's No	<b>3516</b>	<u>.</u>
D. CITY (If cauchide corporate limits, write RURAL and sites  OR St. Louis, Mo.  St. Louis, Mo		.TH			I a STATE .	_	here decessed fly	ed. If institutio	a: residence	before
TOWN St. Iouis, Mo.  OF ILL NAME OF ILL SAME OF STAY IN THE PAPE OF TOWN St. Iouis, STAY IN THE PAPE OF TOWN St. Iouis, STAY IN THE PAPE OF TOWN St. Iouis, STAY IN THE PAPE OF TOWN ST. Iouis St. Iouis, St. Iouis, St. Iouis, St. Iouis St				1 LENGTH OF	<u>M</u> 18	couri.	<del></del>		<u> </u>	· 3
MANE OF DECEASED (First)  Section of the property of the conditions of the conditions of the property of the conditions of the	OR		RAL and give township	STAY IN LINE STAY	ll OR			d. Is Residence a city of Inc. Yes	within limits of orporated town	n .
OF CREASED OF Type or Print)  George OF CATTORS OF CREATED. September 10-1  S. SEX OF COLOR OR RACE OF MARRIED. NEVER MARRIED. S. SEX OF COLOR OR RACE OF MARRIED.	A MUZDITAL UD		•	_	ADDRESS					
Comparison   Com	3. NAME OF	a. (First)	b.	(Middle)	. c. (Last)			(Month) (D	ay) (Yes	NT)
MALE White  Obs. USUAL OCCUPATION (Cive kind of work done during the first of the close of survive)  Obs. Latter's name  Unknown		George 🗧	orthog		Sante	3	DEATH S		101	<u> 195</u> 7
DUBLA CCCUPATION (circh blood over the blood over the present of working life, were if restrict)   Dubte   D	· "I "	COLOR OR RACE	7. MARRIED, N WIDOWED, D Widowe	EVER MARRIED 2 DIVORCED (Specify)	T		last birthday)			Min.
13b. MOTHER'S MANE UNKNOWN   13b. MOTHER'S MAIDEN NAME UNKNOWN   140 NORTH   15b. MOTHER'S MAIDEN NAME   14b. NAME OF HUSBAND'OR WIFE   15b. MOTHER'S MAIDEN NAME   15b.	done during most of works	ON (Give kind of working life, even if retired)	10b. KIND OF	BUSINESS OR IN-	11. BIRTHPLACE	(City and Stat		12. C		WHAT
WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 10. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SIDE AND INTERVALE OR INTERVALE OF A COLUMN NO. OCCUPY)  WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SIDE AND INTERVALE OR INTE				MOTHER'S MAIDEN	NAME	14. NAV	E OF HUSBAND	OR WIFE		
CAUSE OF DEATH   Inter only one course per   1. DISEASE OR CONDITION   ONSET AND DE   ONSET AN	Unknown		[	Jnknown	1		Mary C.			
ANTECEDENT CAUSE  Internal your consuspers  This does not mean the distance of dying, such the tender of dying of the above cause (a) stating the underlying cause last.  DUE TO (c)  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Conditions of the does cause (a) stating the winderlying cause last.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DIRECTLY LEADING TO DEATH*(a) Conditions contributing to the death but not related to the does cause (a) stating the underlying cause last.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DIRECTLY LEADING TO DEATH*(a) Conditions contributing to the death but not related to the does cause (a) stating the underlying cause last.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DIRECTLY LEADING TO DEATH*(a) Conditions contributing to the death underlying cause last.  DUE TO (c)  DIRECTLY LEADING TO DEATH*(a) Conditions contributing to the death underlying cause last.  ANTICLE OF CONDITION  DIRECTLY LEADING TO DEATH*(a) Conditions contributing to the death underlying cause last.  ANTICLE OF CONDITION COUNTY  TO MAIOR FINDINGS OF OPERATION  20. AUTOPSYN  TO MORICIDE  ANTICLE OF INJURY COLURNED WHILE ANTICLE OF INJURY CO	(ice, no, or unknown)		I I	NO					_	55
DUE TO (c)  III. OTHER SIGNIFICANT CONDITION  9a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT SUICIDE 10c. Month 10c. County	Enter only one cause per ine for (a), (b), and (c)  *This does not mean he mode of dying, such s heart failure, asthenia,	ANTECEDENT CAU	JSES.	. Cereb		en'ood	lei oo a	leve	NSET AND DE	ATH
TION  TION  234  TES NO.  1a. ACCIDENT.  SUICIDEN.  SUICIDEN.  SUICIDEN.  HOMICIDE  1d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK OF CEMETERY OR CREMATORY  21f. HOW DID INJURY OCCUR?  Sept. 10, 19 57, that I last saw the deceded alive on Sept. 10, 19 57, and that death occurred at 6:30 Arthur from the causes and on the date stated above.  3a. SIGNATURE  4a. BURIAL. CREMA- 10, 19 57, and That DATE 10, NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10, 19 50, the county of the cou	ise, injury, or complica-	II. OTHER SIGNIFIC	CANT CONDITI	ONS	uminal	One	compec.	~		
SUICIDE   Boms. farm, factory, street, office bldg., etc.)  HOMICIDE   Boms. farm, factory, street, office bldg., etc.)  Id. THE (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT NOT WHILE   WORK   AT WORK   22f. How DID INJURY OCCUR?  In How DID INJURY OCCUR?  In How DID INJURY OCCUR?  Sept. 10, 19 57, that I last saw the dece alive on Sept. 10, 19 57, that I last saw the dece alive on Sept. 10, 19 57, and that death occurred at 6:30 Arek from the causes and on the date stated above.  3a. SIGNATURE   Pegroe or title   P23b. ADRESS   23c. DATE   23c. DATE SIGNATURE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   (State of the Sept.)  In How DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Ho	a. DATE OF OPERA-	196. MAJOR FINDI	NGS OF OPER	ATION		-	334×	• 1		
WHILE AT WORK NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE NOT WORK NORK NORK NORK NORK NORK NORK NORK N	SUICIDE	(Specify) 21	ib. PLACE OF IN.	JURY (e.g., in or about street, office bldg., etc.)	21c. (CITY, TOWN. O	R TOWNSHIE	e) (cc	YTNUC	(STATE)	12
alive on Sept 10, 19 57, and that death occurred at 5130 Arth from the causes and on the date stated above.  Ba. SIGNATURE  Pegree or title) (P23b. ADDRESS  A. BURIAL. CREMA-  1240. DATE  124c. NAME OF CEMETERY OR CREMATORY  PEMOVAL (Syndiy)  PEMOVAL (Syndiy)  PEMOVAL (Syndiy)  PEMOVAL (Syndiy)  Sept 10th  Sept 10th  Pegree or title) (P23b. ADDRESS  23c. DATE SIGNATURE  24d. LOCATION (City, town, or county)  (State of the causes and on the date stated above.  23c. DATE SIGNATURE  24d. LOCATION (City, town, or county)  Farmington, Mo.	Id. TIME (Month) OF -INJURY	(Day) (Year) (H	WHILEA	TITT NOT WHILE IT	21f. HOW DID INJUI	RY OCCUR?				
4a. BURIAL. CREMA- 240. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) removal (Specify) Sept. 10th Farmington, Mo.	2. I hereby certify alive on Sept	that I attended the 10, 19, 57	e deceased fr , and that d	om August 3	10, 1957, to S 6:30 And From	ept. 10	and on the d			eased
rion REMOVAL (Bondly) Sept. 10th Farmington, Mo.	23a. SIGNATURE	Enge m	. Fine	pegree or title)			al	4		INED
DATE DECID BY LOCAL   DEMISTRADE SIGNATURE // 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. BURIAL, CREMA FION, REMOVAL (Specify Pemoval	" Sept.3	Oth	NAME OF CEMETER		Far	mington	Mo.		te)
SFF 11 57 Core The Mon Cozean Farmington, Mo.	SEP 11'57	REGISTRAP'S SIG	GNATURE	ith WE					. \$S	

2726 Caroline **೩೬**ರೆಗವಿನ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal ...... Student Embalmer No... by me, or by ......

working under my personal supervision...

Student...

Signature of Student Embalmer

1.0700cb 50, 57 Sept. 10, 6:20 1.10.

Licensed Embalmer No ...

moinidiú

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai

et used

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.